

ليكن حجابك ✓

✓ لا يصف (غير ضيق) .

✓ لا يشف (غير شفاف) .

✓ لا يكون فيه زينة .

✓ لا يكون معطرًا .

الحجاب ليس غطاء رأس فقط

بل ولا بس واسعة لا تصف ولا تشف .

⑤ قال النبي عليه الصلاة والسلام:

((صنفان من أهل النار لم أرهما ونساء كاسيات عاريات مائلات مهيلات رؤوسهن

كأسنمة البخت المائلة لا يدخلن الجنة ولا يجدن ريحها)) رواه مسلم .



هذا
حجاب

X

لا يدخل الجنة

أختي لاتكوني سلاح في يد أعداء الإسلام !

Toxicology Cases

1-A poison center received a comatose adult female after a suicidal attempt. During examination, the physician noticed that she was cyanosed, both pupils were constricted with characteristic smell of her breath, laboratory investigations revealed oliguria, albuminuria, with casts.

What is your diagnosis and treatment of this case

phenol

2-Male patient working in a factory of batteries came to the hospital complaining of headache, joint pain, bouts of severe colic, vomiting & constipation. on examination he had hypotonia, and bilateral ankle and wrist drop.

What is your diagnosis?

How to treat that case

Lead

3-A young female ingested a large number of tablets which were prescribed for her pregnant mother as a tonic. After few hours she suffered from repeated vomiting and diarrhea which was first black then bloody.

On examination pulse was 100/min, B.P 80/50, R.R 28/min temp 38°C

What is your diagnosis?

Describe toxic action of this poison

How can you treat the case?

Iron

4-A dentist came to hospital complaining of bleeding hypertrophied gums, bouts of dysentery, during examination tendon reflexes were exaggerated, kinetic tremors observed.

What is your diagnosis?

How can you treat the case?

mercury

5-15 years old man admitted to poisoning centre in a coma grade III with the following signs: constricted non reactive pupils, generalized muscle fasciculation and pale moist skin

*What is your possible diagnosis?

*How to manage this case

organophosphorus

6-16 years old girl admitted to poisoning centre after a history of suicidal ingestion certain tablets of her father who has suffered from thromboembolic disorder. 3 hours after admission he started attacks of epistaxis, with haematuria. Her investigations revealed prolonged prothrombin time.

- What is your possible diagnosis?

- How to manage this girl

warfarine

7-30 years old man was found in a state of coma with an empty syringe beside him. he was cyanosed, with constricted pupils, pulse was 60/min

What is your possible diagnosis?

How would you manage this case?

opiate (morphine)

8-Child 8 years old brought to poison centre after eating some plant in the garden, on examination he was agitated, confused with flushed face and dilated pupils, temp was 39°C.

What is your possible diagnosis and management of this case?

atropine

Op - warfarine -
strychnine - Arsenic

Cases

9-6 years old boy was brought to toxicology centre with a violent convulsions with periods of relaxations in between fits. A history taking revealed that he may accidentally ingested a rodenticide paste in home.

What is your possible diagnosis?

What is the action of the poison involved

How would you manage this case?

10-Family of 4 persons were overcome by smoke during fire the 45 years old mother was comatose, pulse 100/min,, respiration 24/min, B.P 90/60, red areas in the skin

*what is your possible diagnosis & management of that case.

* what is the action of the poison involved

CO

11-A young man was brought to toxicological department of mansoura emergency hospital, he was grade III comatose, characteristic adour in his breath, dilated pupils, cyanosis, metabolic acidosis, his brother reported that the patient just suffered from marked diminution in the visual acuity,

-what is your possible diagnosis & management of that case

methanol

12-Three years old child was brought to poison centre after drinking a volatile colorless fluid with a characteristic adour she was having severe vomiting, abdominal colic and cough with bloody sputum on examination she was drowsy, dyspneic, temp. 38 c with fine crepitations in the chest. X-ray revealed signs of pneumonia.

-What is your possible diagnosis?

- How can you treat the case?

hydrocarbons

13-Young female admitted to mansoura university hospital after ingestion of 40 tablets from a drug prescribed for her headache on examination, she was confused with history of repeated vomiting & tinnitus. The temperature was 37.8 C. pulse 100/min, BP 100/80 mmHg, respiration 35/min.

-What is your possible diagnosis?

-what is the action of the poison involved

- How can you treat the case?

aspirin

14-18 years old male admitted to hospital suffering from vomiting after ingestion of large number of analgesic antipyretic tablets. Laboratory investigations revealed elevated liver enzymes & serum bilirubin

-What is your possible diagnosis?

- How can you treat the case?

paracetamol

15-21 years old female admitted to toxicology centre after history of ingestion of certain drug used to treat her father who was complaining of congestive heart failure. Her pulse was 56/min. serum potassium was 8 mEq/L. her condition was associated with vomiting, & blurred vision

-What is your possible diagnosis?

- How can you treat the case?

acute digitalis

16-Young child ingested accidentally small amount of car battery liquid, he suffered severe pain in throat and abdomen. he had dark brown vomitus
what is your possible diagnosis
how to manage the patient

sulphuric acid

skin red → CO CN
Exclusive
flushed → atropine

17-A young child ingested which solution used for washing purposes .he suffered repeated vomiting of soapy appearance with surrounding hyperemia in oropharynx

what is your possible diagnosis
how to manage the patient

caustic

18-Young female brought to hospital unconscious 1 hour after ingesting disinfectant liquid. On examination she was grade II coma BP 90/60, pulse 95/min with scanty dark urine and characteristic odour of the breath

what is your possible diagnosis
how to manage the patient

phenol

19-Young man committed suicide by swallowing sugar like material. He experienced burning pain & vomiting followed by carpo-pedal spasm

what is your possible diagnosis
how to manage the patient

oxalic acid

20-Chemist committed suicide by ingesting a chemical substance, he developed coma, froth from mouth and nose, reddish discoloration of skin, dilated pupils then generalized convulsions

what is your possible diagnosis
how to manage the patient

cyanide

acute cyanide nb red not as flushed which has other causes...

21-A worker on a ship passed in to coma after fumigation of the ship. Respiratory rate 12/min, dilated pupil and red mucous membranes

what is your possible diagnosis
how to manage the patient

cyanide

acute cyanide

22-A family group suffered suddenly from attacks of vomiting and diarrhea of watery stool, on examination pulse 100/min, BP 90/60 sunken eyes and positive reisch test

what is your possible diagnosis
how to manage the patient

acute arsenic

arsenic - acute botulism co

23-40 old worker in a factory of medical instrument complained of increased salivation, chronic dysentery, and personality changes

what is your possible diagnosis
how to manage the patient

mercury

24-young man working in printing office developed frequent colics and constipation but suddenly he developed delirium and convulsions on examination he was hypertensive with normal sized pupils

what is your possible diagnosis
how to manage the patient

lead

25-Young girl committed suicide by something brought from a pharmacy for rodents, she suffered from muscle fasciculation, excessive sweating, chest wheezes and constricted pupils BP 90/60, pulse 60/min

what is your possible diagnosis
what is the action of the poison involved
how to manage the patient

O.P.

cases → chronic *مزمن*

Cases

26-a young child ate a rodenticide bait , few hours she devolved haematuria and epistaxis

what is your possible diagnosis
how to manage the patient

warfarine

27-Child brought to hospital after drinking a liquid at home with a characteristic adour he presented with vomiting, cough, dyspnea, RR 45/min, with ches t wheezes and crepitation

Mention diagnosis , invest and treatment?

hydrocarbons

28-After eating salted fish , 2 persons suffered mild GIT upset , 18 h later they developed weakness, blurred vision and difficult swallowing

Mention diagnosis, rest of C.P, invest and treatment

botulism

29-20 old man found in deep coma. on examination, respiratory rate was 6/min . BP 80/40, cyanosis , injection marks with equal pin point fixed pupils

what is your possible diagnosis

what is the action of the poison involved, how to manage the patient

opioid (morphine)

30-a mother brought her child to emergency hospital because of abnormal behavior. on examination he was hallucinating , confused pulse 120/min, body temp. 39 c with dry flushed hot skin

what is your possible diagnosis

how to manage the patient

atropine

31-Cardiac patient presented to emergency hospital with severe cardiac arrhythmia, her daughter stated that he was taking his medications regularly , investigation revealed ECG changes and marked hypokalemia

what is your possible diagnosis

what is the action of the poison involved

how to manage the patient

acute versus chronic digitalis

32-late in night of festival , 25 years old man presented to emergency hospital in coma , characteristic adour of smell, pulse 110/min temp 36.4

what is your possible diagnosis

how to manage the patient

ethanol

33-after attending wedding party , a 30 years old man was brought to emergency hospital complaining of sever vomiting and abdominal colic , his vision was deteriorating, the passed into deep coma

what is your possible diagnosis

how to manage the patient

methanol

34-30 years old man committed suicide by ingesting a large number of tablets prescribed for his epileptic sister. On examination he was in coma grade III, pulse 60/min BP 90/50, cyanosis , dilated reactive pupils with very weak reflexes

what is your possible diagnosis

how to manage the patient

what is the action of the poison involved

~~*carbamazepine*~~

barbiturate

*deep cyanosis
barbiturate
benzodiazepine*

35-a child of a farmer presented to emergency hospital after history of accidental ingestion of a liquid his father uses it to destroy harmful herbs in his farm. the child developed cough , dyspnea and haempotysis

what is your possible diagnosis

how to manage the patient

paraquite

طالب عايز بيقي فائده
 amphetamine
 تخين عايز خيس
 في الاكثاب

36-Young man presented to emergency hospital in coma .on examination pulse was 110/min. BP 160/100,reactive dilated pupils, temp 38 , pale sweaty skin , perforated nasal septum

what is your possible diagnosis
 how to manage the patient

cocaine

37-40 years old female presented to emergency hospital after ingesting large amount of a drug used for her obesity with pulse 120/min, BP 170/110 , temp 39 soon he devolved convulsions excessive sweating with chest pain ,oliguria and renal failure

what is your possible diagnosis
 how to manage the patient

amphetamine

38-A group of persons living near a factory of colored paint and wall papers were admitted to hospital in state of prostration after few hours from drinking water from a nearby canal . they companied of metallic taste in the mouth ,severe vomiting, abdominal colic and watery diarrhea . on examination: Bp 90/60, respiratory rate 20/minutes, temperture 36 c, sunken eyes, dry skin and muscle cramps

What is your possible diagnosis
 What is your differential diagnosis
 How can you manage such case

arsenic

أفران طوب النسي

39-A family living beside a brick kilns were overcome by a smoke inhalation in their house. They were transported to poison center. The mother was in coma grade II pulse was 100/min.-respiration was 28/min, BP 90/60, erythematous red patches were detected on skin of her back. No cyanosis was detected

What is your possible diagnosis
 How to investigate and treat the case

CO

40-The poison center received a comatosed adult female, her temperature was 36 c, respiratory rate 12/min, reflexes decreased, sensations was lost, pupils was constricted but dilated after pinching the skin

what is your possible diagnosis
 what are other manifestations of this poison

ethanol

41-25 y old man brought to emergency department by his wife , who said that during the previously day her husband fumigates his farm and after the working day , he was complaining of recurrent abdominal pain , nausea, vomiting and diarrhea , sweating , muscle fasciculation

What is possible diagnosis and how to manage?

O.P.

General toxicology

Coma (grades, causes, complications and management)
Convulsions (causes, complications and management)
Syrup of ipecac
* contraindication of ipecac
Gastric lavage
Activated charcoal
Multiple dose activated charcoal (= activated charcoal)
Cathartics
Whole bowel irrigation
Enhanced elimination of poisons through urine manipulation
Haemodialysis
Haemoperfusion
Haemofiltration
Peritoneal dialysis
Patients who require admission to ICU

Specialties of toxicologists
Types of poisoning
Types of toxic effects
Poisoning severity grades
Value of history in diagnosis of poisoning
Emergency and supportive measures in treatment of poisoning
Method of skin, eye, and lung decontamination
Cutting edge toxicology

Classifications of poisons
Factors affecting severity of poisoning
Street names of drugs (clonazepam من اول)

Irritants

Clinical picture of acute arsenic toxicity
Clinical picture of chronic arsenical toxicity
*Skin manifestation of chronic arsenical toxicity
Investigations of arsenic (lead or iron)toxicity
Treatment of arsenic toxicity
Arsine gas
Signs and symptoms of acute lead toxicity
Signs and symptoms of subacute lead toxicity? (subacute= chronic= plumbism)
*neurologic effects of subacute lead toxicity?
*haematological effects of subacute lead toxicity?
Complications of lead intoxication
Treatment of lead toxicity
Clinical findings in iron poisoning (= clinical picture)
Treatment of iron toxicity

General character of irritants
Clinical picture of acute mercury toxicity
Clinical picture of chronic mercury toxicity (chronic = mercurialism)
Treatment of mercury toxicity

Pesticides

- Clinical picture of acute organophosphorus poisoning
 - *neurological manifestations of organophosphate
 - *cardiac manifestations of organophosphate
 - Signs of chronic toxicity by organophosphate
 - Treatment of acute organophosphorus poisoning
 - * drug therapy of organophosphate (=antidotes)
 - * choline-esterase reactivator
-

- clinical picture & treatment of carbamate
 - clinical picture & treatment of Paraquat
-

- clinical picture & treatment of chlorinated hydrocarbons
- clinical picture & treatment of Pyrethroids
- clinical picture & treatment of Phosgene (aluminum phosphide)
- clinical picture & treatment of Methyl bromide
- clinical picture & treatment of Coumarin (warfarin)

Alcohols and CO

Clinical features of carbon monoxide (= Presentation and clinical features)

Management of carbon monoxide poisoning

Clinical presentation in methanol poisoning (clinical picture)

Treatment of methanol poisoning

*Specific drugs for methanol poisoning

Clinical findings in ethanol poisoning (clinical picture)

Treatment of ethanol poisoning (elimination NB لا ننسى الى على الـ)

Carbon monoxide poisoning during pregnancy

Plant poisons

- Clinical manifestations of opioid poisoning?
 - Management of opioid poisoning?
 - Characteristic signs and symptoms of datura poisoning?
 - = signs and symptoms of anticholinergic syndrome?
 - Treatment of datura poisoning?
 - Manifestation of digitalis (cardiac glycosides) toxicity?
 - Treatment of digitalis poisoning?
-
- Characteristic signs and symptoms of strychnine poisoning?
 - Treatment of strychnine poisoning?
 - Types of digitalis poisoning (clinical presentation + predisposing factors)
-
- Admission criteria in of datura poisoning?

Drug dependence

Brain reward system

- = physiological basis of drug dependence
- = phenomena of drug craving
- = implication of physiological basis of addiction

Bio- psycho- social aspects of drug dependence (we should comment on brain reward system)

Warning signs of dependence

Clinical features of opiate dependence

- = Symptoms of opioid administration and withdrawal

Criteria of alcohol dependence = Addictive process of alcohol

Alcohol withdrawal

Complication of excessive alcohol intake

Definition of dependence (كل الصفحة الاولى)

Types of drug dependence

Examination of substance misuse

How heroin works, mention its effects

Admission criteria of opioid dependence

Barbiturate dependence

NB:

Opiate and ethanol toxicity may be acute or chronic (dependence) so if the question is not clear ask the doctor during examination

*Alcohol dependence= alcohol abuse= excessive alcohol intake = chronic ethanol poisoning (dependence منكره)

while Acute ethanol (volatile منكره)

*opioid dependence= opioid abuse= chronic opioid poisoning (dependence منكره)

while Acute opioid (plant منكره)

Organic acids

Clinical picture of carbolic acid poisoning

Treatment of carbolic acid poisoning

Clinical picture of oxalic acid poisoning

Treatment of oxalic acid poisoning

Clinical features of cyanide = diagnosis (C.P نكتب كل صفحته الـ)

Treatment of cyanide poisoning

- * drug therapy of cyanide poisoning

Caustics

Clinical presentation of caustic ingestion

Initial management of caustic ingestion

Endoscopy in case of caustic ingestion

Treatment of caustic ingestion (initial management لا تشمل)

Complications of caustic ingestion

Admission criteria of caustic ingestion

Hydrocarbon

Clinical effects of hydrocarbon

Evaluation and treatment of hydrocarbon (الخر 3 ورقات في المذكره)

*indications of intubation in hydrocarbon toxicity

Sympathomimetics

Clinical picture of amphetamine poisoning (toxic effects & abuse)

*Amphetamine euphoria

*Toxic effects of amphetamine

*Clinical picture of repeated amphetamine use (= clinical picture of amphetamine abuse)

Management of amphetamine poisoning (= **Treatment of MDMA**)

Clinical picture of cocaine poisoning (toxic effects & abuse)

* Syndrome of diagnostic value in cocaine abuse

Management of cocaine poisoning

*therapy of cocaine dependence

Clinical features and management of sympathomimetics

NB: pay attention to the titles

Analgesic antipyretic

Give an account on:

Clinical course of acetaminophen poisoning? (= c.p of acute)

Management of acetaminophen poisoning? (diagnosis لا نكتب معه الـ)

* specific therapy of acetaminophen poisoning? (diagnosis لا نكتب معه الـ)

Chronic overdose by paracetamol = c.p of chronic paracetamol

Clinical features of salicylate poisoning? (=acute + chronic)

Management of salicylate poisoning? (diagnosis نكتب معه الـ)

* specific therapy of salicylate poisoning? (diagnosis لا نكتب معه الـ)

Admission criteria for acetaminophen poisoning?

Admission criteria salicylate poisoning?

CNS --& carbamazepine

Clinical features of barbiturate poisoning

Management of barbiturate poisoning

Clinical features of benzodiazepine poisoning

Management of benzodiazepine poisoning

* flumazenil antidote

Clinical features of carbamazepine poisoning

Management of carbamazepine poisoning

Injected poisons

Clinical presentation of snake bites

Treatment of snake bites

* Antivenin

* The don't of snake bite treatment

Clinical presentation and treatment of scorpion bite

Treatment of scorpion bite

Food poisoning

Types of botulism

Treatment of botulism

Marine food illness

Differential diagnosis of botulism

Hallucinogens

Why cannabis is rising among middle school age students (reasons for use نكتب معه)

Warning signs of cannabis use

Effects of marijuana

Treatment of cannabis (solution نكتب معه)

Solution of marijuana use (treatment نكتب معه)

Abuse of mescaline, LSD , PCP, khat and sherm

Toxic action

Irritant :

Local : GIT irritation

Remote : -- SH containing enzymes

ozell

Organophosphate :

-- choline-esterase enzyme leading to accumulation of acetyl choline at:

CNS : + then -

Muscarinic receptors: parasympathomimetic oceractivity

Myoneural junction: muscle fasciculation then paralysis

Automnomic gangelion (ttransient and in severe poisoning: sympathetic ++

Organic acids :-

*Carbolic

Local at GIT: co-agulative necrosis associate with tingling and numbness then anesthesia to GIT

Remote: -- to CNS , glomerulonephritis

*Oxalic:-

Local : corrosive

remote: unite with Ca leading to hypo-calcaemia

*Cyanide : -- cytochrome oxidase enzyme leading to tissue hypoxia

Caustic:

*alkaline : affects eosophagus (liquifcative necrosis)

*acidic :affects stomach (co-agulative necrosis)

Hydrocarbon (lung damage)

Alcohols and CO:

**Ethanol : CNS --

**Methanol: more - to CNS, metabolic acidosis, blindness

**CO: form COH leading to tissue hypoxia , also affects heme of cytochrome enz

Plant

*Opiate : + opiate receptors leading to - transmission of impulses through CNS

*Datura : antimuscarinic

*Strychnine: -- resistance to passage of impulse through synapses , also inhibit glycine which is inhibitory transmitter at anterior horn cells

*Digitalis: -- ATPase leading to hyperkalemia (but may be hypokalaemia in acute Vs chronic)

Analgesic-antipyretic

*Acetaminophen: metabolized to NAPQI leading to damage eof liver

*Salicylate : wash to CO₂ leading to respiratory alkalosis

· ++ metabolism of fat leading to metabolic acidosis

Sympathomimetic : + central & prepheral catecholamine, serotonin & dopamine

CNS - and carbamazepine

*Barbiturate and benzodiazepine : ++ GABA in CNS

*Carbamazepine : anticholenergic and antiepileptic

Snake bite :

elapidae: neurotoxic viperidea : vasulotoxic hydrophidae: myotoxic

Botulism: prevent release of acetyl choline at myuneural junction

Supportive treatment ~~Wabersich~~

Acid-base and electrolyte disturbances: correction

Agitation: diazepam IV or lorazepam IM, Haloperidol if psychotic.

Bradycardia: atropine 0.5-2 mg IV , pacemaker for persistent bradycardia

Bronchospasm : bronchodilator

Cerebral oedema: mannitol infusion

Coagulopathy: fresh plasma.

Convulsions (seizures)

- 1- Diazepam
- 2- Short acting barbiturates e.g pentothal sodium,
- 3- phenobarbital
- 4- midazolam
- 5- phenytoin: last choice

Dehydration: IV fluids

Damage of liver: Supportive or liver transplantation in severe cases

Diarrhea and colic: dextrose in saline and antispasmodic.

DIC: clotting factors

Hemorrhagic manifestations: Vitamin K and blood transfusion.

Hyperkalemia: Na Hco₃ 1 mEq/k with insulin 0.1-u/kg

Hypertension:

- *1st line:, GTN IV or alpha blocker (phentolamine)
- *2nd line: labetalol IV
- NEVER pure beta-blocker because of unopposed alpha- adrenergic effects.

Hyperthermia:

- *Cooling blankets, ice packs, cold saline infusion
- *Dantrolene

Hypoglycemia Dextrose infusion

Hypothermia : Blankets and warm fluids

Hypotension : Fluid and Vasopressors as dopamine

Metabolic acidosis : sodium bicarbonate guided by ABG

Pneumonia

- Antibiotics
- Corticosteroids for chemical induced pneumonia

Pulmonary oedema:***In acute opioid poisoning :***

positive-pressure ventilation

Any other poisons :

- O₂, atropine & aminophylline
- Diuretics

Renal failure***In oxalic acid***

*Excessive fluids to prevent precipitation of Ca oxalate in renal tubules.

*Dialysis for severe cases

in mercury & lead

Reversible however haemodialysis may be required for 1-2 weeks

In salicylate

Consult nephrologist

Respiratory distress:

- IV line
- Frequent ABG
- Frequent CXR (every 6 hours),
- Oxygen
- Cardiorespiratory monitoring.

Rhabdomyolysis:

*Detected by measurement of creatinine phosphokinase & urine myoglobin

*Treated by Fluid diuresis and sodium bicarbonate infusion

Shock:

in salicylate: it is treated as DKA except glucose containing fluids are used

any other poison : IV fluids

Urine retention : foley's catheter

Ventricular arrhythmia:***I- in digitalis***

lidocaine to maintain serum concentration of 1.5 mg/l

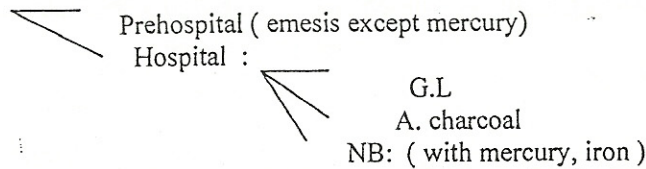
II- in cocaine

a-1st line: lignocaine provided that the patient is paralyzed and ventilated otherwise seizures may be precipitated.

b- 2nd line: labetalol i.v

c- 3rd line: Phenytoin especially in presence of seizures.

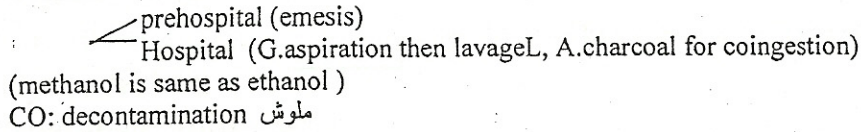
1- Irritant



2- organophosphate: general toxicology فيه كلام كثير من

3- volatile

Ethanol:

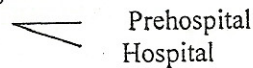


4 plants

hospital لم ينكر gastric lavage الا مع opioid و الكلام كله يعتبر hospital اما باقي الجدول:-

Datura and strychnine : Pre-hospital & hospital جمله واحده

Digitalis



5- Organic acids:-

Carbolic متقسم جدا

Inhalation, skin and eye , ingestion (prehospital "no emesis" and hospital)

Oxalic acid : بسيط جدا

G.L with Ca OH..

Cyanide مميز جدا

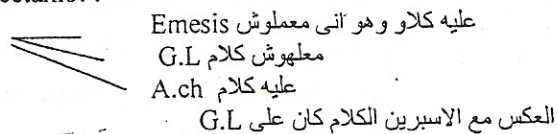
Gas , liquid & solid

6- Caustic decontamination is contraindicated

7- Hydrocarbon decontamination is not recommended

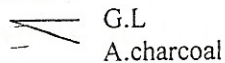
8-Analgesic antipyretic: الاسبرين يكمل النقص اللي مع الباراسيتامول بمعنى

Paracetamol :



9- Sympathomimetic:

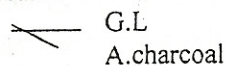
Amphetamine:-



MDAC, WBI, surgical cocaine فلم يذكر G.L وتعويضا قال اما مع

10- CNS -- & carbamazepine شبه المذكوره اللي قبلها

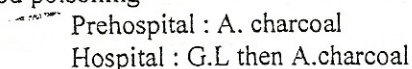
Barbiturate :-



اما مع benzo ذكر G.L ولكن قال ملوش لازمه اما carbamazepine فهو زي benzo + ممكن نعمل W.B.I

11.Snake bite : don't مميز جدا بمجموعه

12. Food poisoning



الوحيد اللي بنعطى فحم في البيت

ترتيب الشبائر حسب درجة التشابه

General toxicology	معلومات عامه ولا بد يأتي من اسئله بالامتحان
Irritant	
Pesticides	اكبر الشبائر ومش شبه حد في المنهج
Alcohols & CO	
Plant poisons	ال ethanol و ال opiate قد يكون acute or dependence
Drug dependence	
Organic acids	
Caustic	تشابه واضح بين caustic , hydrocarbon
Hydrocarbon	
Analgesic antipyretic	
Sympathomimetic	مجموعه synthetic drugs
CNS-- & carbamazepine	
Injected poisons	
Food poisoning	Antidote تشابه بعض في ال precaution
Hallucinogens	مش زي حد

اختصارات C.P

- Grof : جروف : general toxicology (contraindications of cathartics)
 Vcph : فسبه : acute arseni (Smaller ingestion leads to)
 FISPA (D) : فسبه : warning signs of dependance
 Avh → astc : افه ← استك : acute mercury
 Aflam : افلام : acute lead (low toxicity)
 C.V.P: chronic lead (neurologic effects in adult)
 V.C.P:C.P of acute opiate (++ of CNS)
 He crc: 2nd page in C.P of chronic lead
 Liver RNA: chronic organophosphorus poisoning
 Nfhm : نفهم : C.P of arsine gas
 Niam : نيام : c.p of acute ethanol
 Bnc : بنس : c.p of methanol
 Dwh : دوه : c.p of CO (mild poisoning)
 Sbr, cora, merce : صبر, كورا, ميرسي : c.p of strychnine.
 Pfide : بفيدك : definition of dependence
 Cmin : كمين : opiate dep (physical dependence)
 Tnsa : تنسي : alcohol dep (uncomplicated withdrawal)
 Doa : دعاء : alcohol dep (wernicks encephalopathy)
 Sma : سما , hcd : حقد : barbiturate dependence
 Decreased Awsi : اوصي , war : warning signs of cannabis dependences
 Decreased vca : فكا : cannabis (effect on daily activities)
 Green (en : من غير) : 1st 3 items in chronic C.P of salicylate

Lrbe (brbe مش): last 4 items in c.p of toxic effects of amphetamine
 Astahil استاهيل: c.p of abuse of amphetamine
 Smarh سماره: cocaine overdose
 Dacsc (بدل تكسك) دكسك: c.p of acute barbiturate
 Anom (بدل انام) انوم: c.p of carbamazepine
 Rsevr (رسيفر) رسيفر: c.p of caustic
 Mg tps اعطاك مج , وأخذ تبس: D.D of botulism

اختصارات treatment

Acdd اسد, savo سافو: c.p of cyanide
 Hcir حقير: supportive treatment of CO
 Hdvn هدفن: side effect of sodium nitire in treatment of cyanide
 Pcwi بكوي: side effect of sodium thiosulphate in treatment of cyanide
 insa انسا: Complications of caustic

تجميعات الـ C.P

** اماكن ECG

- 1- Admission of patient to ICU (G.toxicology)
 (QRS complex greater than or equal to 0.12 second)
- 2-Acute Arsenic (ECG changes (prolonged QT & ST and inverted T)
- 3- Organophosphrus (Phase III: Q-T prolongation followed by torsade de pointes, ventricular tachycardia & ventricular fibrillation.
- 4- opioid dependence (Arrhythmia e.g Torsade de Pointes , Q-T prolongation)
- 5- admission criteria in datura poisoning (QRS or QT prolongation).
- 6- carbamazepine (A-V block, bradycardia, prolonged QRS & QT in elderly)

** الـ drugs التي لها latent period

- 1- iron
- 2- acetaminophen
- 3- botulism
- 4- methanol (visual manifestations)
- 5- wound botulism

** المكان الوحيد الذي ذكر فيه كلمة local and remote داخل C.P كان مع acute lead

*

** اماكن تكرار حرف C (c, c, c)

- 1- acute arsenic
- 2- arsine gas
- 3- CO
- 4- opioid dependence
- 5- acetaminophen
- 6-euphoria of amphetamine

- 1- datura
- 2- carbamazepine

** حاجات تتذاكر من بعضها

- 1- in acute opioid
نذاكر ال depend ace من منكره ال depend ace
- 2- in opiate dependence
نذاكر ال short term effects من منكره ال plants

*** اماكن كلمه short term

- 1- opioid dependence
- 2- cocaine
- 3- cannabis

** اماكن كلمه death

- 1- acute arsenic
- 2- methanol poisoning
- 3- strychnine
- 4- carbolic
- 5- oxalic
- 6- toxic effects of cocaine (overdose)
- 7- bite of viper

** اماكل كلمه warning signs

- 1- Drug dependence
- 2- Cannabis

** اماكن ال admission criteria الهامه

- 1-datura
- 2-caustic

** كلمه pregnancy

- 1- CO
- 2- Cocaine

** تداخلات

- **MDMA: depression, aggression, suicide
- ** Cocaine : hyperactivity , aggression, homicide
- ** metamphetamine: taken early in morning, and take at 2 -4 hour throughout day
- ** Cocaine: taken in evening continuously for several hours

* حاجات شبه بعض:

**Clinical picture of opiate dep and complications of alcohol dependence

تجميعات الـ treatment

** لاحظ التشابه بين

جرعه الـ dextrose في coma cocktail وجرعه الـ sorbitol في علاج organophosphate

** الـ respiratory monitoring مذكور مع

- 1- organophosphate
- 2- botulism

** الـ Ca كـ antidote مذكور مع

- 1- oxalic
- 2- chlorinated hydrocarbon
- 3- aluminum phosphide

** الـ drug التي له prevent exposure هو CO

** الـ drugs التي انكر فيها antidote قبل الـ decontamination

- 1- cyanide
- 2- injected
- 3- botulism

** كلمه ABG في الـ emergency treatment مذكوره مع

- 1- botulism
- 2- barbiturate

** كلمه cholesteramine

- 1- digitalis; مع الـ decontamination
- 2- chlorinated hydrocarbon: elimination مع الـ

** اماكن الـ continous cardiac monitoring نكرت مع CO and digitalis

** اماكن الـ care of circulation نكرت مع carbolic and strychnine

** علاج الـ agitation نكرت مع datura and amphetamine

** كلمه consult gastroenterologist نكرت مع carbolic and caustic

** كلمه consult nephrologists مع الـ salicylate

** كلمه exchange transfusion مع iron and aspirin

** علاج respiratory distress مع caustic and hydrocarbon

** الـ TCA تعتبر من موانع استخدام الـ ANTIDOTES الاتيه

- 1- physostigmine
- 2- flumazenil

** كلمه drug therapy نكرت مع cyanide and hydrocarbon

** كلمه x-ray نكرت مع gastric lavage لـ iron and salicylate

** كلمه clinical deterioration نكرت مع

- 1- indications of haemodialysis in salicylate
- 2- indications of antibiotic in hydrocarbon

** جمله قد تسبق جمله emergency and supportive treatment نكرت مع:

- 1- CO: prevent further exposure
- 2- Cocaine : Supportive psychiatric therapy

** كلمه urine alkalization نكرت مع salicylate and barbiturate

** كلمه urine acidification نكرت مع amphetamine

** NO emesis مع strychnine, caustic, hydrocarbon, acetaminophen

1- mention manifestations of:

- | | |
|---------------------------------------|----------|
| a- Chronic lead poisoning | 5marks |
| b- Organophosphate poisoning | 10 marks |
| c- Chronic overdose of acetaminophen | 5 marks |
| d- Opioid administration & withdrawal | 8 marks |
| e- Marijuana | 6 marks |

4- Give a short essay on :-

- | | |
|---------------------------------------------------|-----------|
| a- whole bowel irrigation | 5 marks |
| b- grades of esophageal burn in caustic ingestion | 2 marks |
| c- treatment of digitalis poisoning | 4 marks |
| d- types of botulism | 2.5 marks |
| e- delayed complications of CO poisoning | 2.5 marks |

1- mention manifestations of:

- | | |
|------------------------------------|----------|
| f- Chronic arsenic poisoning | 5marks |
| g- paraquat poisoning | 10 marks |
| h- aspirin poisoning | 10 marks |
| i- warning signs of cannabis abuse | 4 marks |
| j- alcohol withdrawal | 6 marks |

4- Give a short essay on :-

- | | |
|-----------------------------------------------|---------|
| a- repeated dose activated charcoal | 3 marks |
| b- respiratory signs of hydrocarbon ingestion | 4 marks |
| c- indications of haemodialysis | 2 marks |
| d- systemic manifestations of snake bite | 4 marks |
| e- brain reward system | 2 marks |